



UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

Max Rady College of Medicine
Department of Community Health Science

CONFIRMATION OF STUDENT ATTENDANCE AT A SPEAKER EVENT

DATE (yy/mm/dd): _____

TO: _____

Attendance at a Speaker Event Dated (yy/mm/dd): _____

Name of Speaker: _____

Title of Talk: _____

Location of Talk : _____

This form, signed by the speaker, confirms that _____
{ name of Student } attended the aforementioned talk on the date listed.

The student is required to keep a copy of this letter in the event that the student is required to show proof of attendance.

Signed: _____
Name of Speaker

Date: _____

Initialed by Student : _____